

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

IMMIGRATION REFORM FUND

ADDRESS (number and street)

5310 West Collum Avenue

Check if different  
than previously  
reported. (ACC)

Chicago

IL

60641

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00530816

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☒ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Figueroa, Omaira, , ,

Type or Print Name of Treasurer

Signature of Treasurer

Figueroa, Omaira, , ,

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 05/2016

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

IMMIGRATION REFORM FUND

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
07 / 01 / 2017 To: M M / D D / Y Y Y Y Y Y  
12 / 31 / 2017

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2017</span>		<span style="border: 1px solid black; padding: 2px;">342051.93</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">372895.03</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">48011.36</span>	<span style="border: 1px solid black; padding: 2px;">82471.36</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">420906.39</span>	<span style="border: 1px solid black; padding: 2px;">424523.29</span>
7. Total Disbursements (from Line 31).....	<span style="border: 1px solid black; padding: 2px;">48289.84</span>	<span style="border: 1px solid black; padding: 2px;">51906.74</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<span style="border: 1px solid black; padding: 2px;">372616.55</span>	<span style="border: 1px solid black; padding: 2px;">372616.55</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

**IMMIGRATION REFORM FUND**

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	7		0	1		2	0	1	7		

To:

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	2		3	1		2	0	1	7		

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	3500.00	33650.00
(ii) Unitemized .....	0.00	310.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	3500.00	33960.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	10000.00	14000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	13500.00	47960.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	34511.36	34511.36
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	48011.36	82471.36
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	48011.36	82471.36

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	43289.84	46906.74
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	43289.84	46906.74
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5000.00	5000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	48289.84	51906.74
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	48289.84	51906.74

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	13500.00	47960.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	13500.00	47960.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	43289.84	46906.74
37. Offsets to Operating Expenditures (from Line 15, page 3).....	34511.36	34511.36
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	8778.48	12395.38

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 17

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**IMMIGRATION REFORM FUND**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Heinz, Robert, C., ,**

Mailing Address 162 Raven Lane

City  
Bloomington

State  
IL

Zip Code  
60106

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Custom Companies, Inc.

Occupation (for Individual)  
Executive Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 14 / 2017

Transaction ID : SA11AI.5385

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Oviedo, Virginia, , ,**

Mailing Address 501 N. Clinton Street

City  
Chicago

State  
IL

Zip Code  
60654

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Midan Inc.

Occupation (for Individual)  
Business Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 14 / 2017

Transaction ID : SA11AI.5384

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

3500.00

3500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 17

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

IMMIGRATION REFORM FUND

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. CHICAGO BOARD OPTIONS EXCHANGE PAC**

Mailing Address 400 S. LASALLE STREET

City  
CHICAGOState  
ILZip Code  
60605FEC ID number of contributing  
federal political committee.

C C00100693

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		14		2017

Transaction ID : SA11C.5383

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. GUTIERREZ FOR CONGRESS**

Mailing Address 5310 W. CULLOM AVE.

City  
CHICAGOState  
ILZip Code  
60641FEC ID number of contributing  
federal political committee.

C C00254581

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		21		2017

Transaction ID : SA11C.5381

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. WAL-MART STORES INC. PAC FOR RESPONSIBLE GOVERNMENT**

Mailing Address 702 S.W. 8TH STREET

City  
BENTONVILLEState  
ARZip Code  
72716FEC ID number of contributing  
federal political committee.

C C00093054

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		10		2017

Transaction ID : SA11C.5382

Amount of Each Receipt this Period

2500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

10000.00

TOTAL This Period (last page this line number only).....▶

10000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 17

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☒ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**IMMIGRATION REFORM FUND**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **A. Puerto Rican Agenda of Chicago**

Mailing Address 2546 W. Division

City  
Chicago

State  
IL

Zip Code  
60622

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

16934.04

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 17 / 2017

**Transaction ID : SA15.5450**

Amount of Each Receipt this Period

16934.04

☐ Memo Item

Reimbursement for hurricane victim supplies

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **B. Puerto Rican Agenda of Chicago**

Mailing Address 2546 W. Division

City  
Chicago

State  
IL

Zip Code  
60622

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

34511.36

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 08 / 2017

**Transaction ID : SA15.5448**

Amount of Each Receipt this Period

17577.32

☐ Memo Item

Reimbursement for hurricane victim supplies

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

34511.36

34511.36



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 9 OF 17

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**IMMIGRATION REFORM FUND**

Full Name (Last, First, Middle Initial)

**A. PNC Business Card**

Mailing Address PO Box 856177

City  
LouisvilleState  
KYZip Code  
40285Purpose of Disbursement  
Credit card (see below if itemized)

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			1	7			2	0	1	7		

FEC Identification Number

**C****Transaction ID : SB21B.5395**

Amount of Each Disbursement this Period

1222.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. American Airlines**

Mailing Address 4333 Amon Carter Boulevard

City  
Fort WorthState  
TXZip Code  
76155Purpose of Disbursement  
Airfare

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			1	7			2	0	1	7		

FEC Identification Number

**C****Transaction ID : SB21B.5395.c**

Amount of Each Disbursement this Period

240.20

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. NationBuilder**

Mailing Address 448 S. Hill Street, #200

City  
Los AngelesState  
CAZip Code  
90013Purpose of Disbursement  
Online fundraising

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			1	7			2	0	1	7		

FEC Identification Number

**C****Transaction ID : SB21B.5395.**

Amount of Each Disbursement this Period

59.00

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1222.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 10 OF 17

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**IMMIGRATION REFORM FUND**

Full Name (Last, First, Middle Initial)

**A. United Airlines**

Mailing Address PO Box 06649

City  
ChicagoState  
ILZip Code  
60606Purpose of Disbursement  
Airfare

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			1	7			2	0	1	7		

FEC Identification Number

C

Transaction ID : SB21B.5395.1

Amount of Each Disbursement this Period

662.60

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. United Airlines**

Mailing Address PO Box 06649

City  
ChicagoState  
ILZip Code  
60606Purpose of Disbursement  
Airfare

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			1	7			2	0	1	7		

FEC Identification Number

C

Transaction ID : SB21B.5395.3

Amount of Each Disbursement this Period

260.20

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. PNC Business Card**

Mailing Address PO Box 856177

City  
LouisvilleState  
KYZip Code  
40285Purpose of Disbursement  
Credit card (see below if itemized)

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			1	5			2	0	1	7		

FEC Identification Number

C

Transaction ID : SB21B.5396

Amount of Each Disbursement this Period

1070.56

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1070.56

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 11 OF 17

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**IMMIGRATION REFORM FUND**

Full Name (Last, First, Middle Initial)

**A. NationBuilder**

Mailing Address 448 S. Hill Street, #200

City  
Los AngelesState  
CAZip Code  
90013Purpose of Disbursement  
Online fundraising

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			1	5			2	0	1	7		

FEC Identification Number

**C****Transaction ID : SB21B.5396.1**

Amount of Each Disbursement this Period

59.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. Zaytinya**

Mailing Address 701 9th St NW

City  
WashingtonState  
DCZip Code  
20001Purpose of Disbursement  
Meal

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			1	5			2	0	1	7		

FEC Identification Number

**C****Transaction ID : SB21B.5396.1**

Amount of Each Disbursement this Period

1011.56

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. PNC Business Card**

Mailing Address PO Box 856177

City  
LouisvilleState  
KYZip Code  
40285Purpose of Disbursement  
Credit card (see below if itemized)

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	5			2	0	1	7		

FEC Identification Number

**C****Transaction ID : SB21B.5397**

Amount of Each Disbursement this Period

784.34

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

784.34

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 12 OF 17

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**IMMIGRATION REFORM FUND**

Full Name (Last, First, Middle Initial)

**A. NationBuilder**

Mailing Address 448 S. Hill Street, #200

City  
Los AngelesState  
CAZip Code  
90013Purpose of Disbursement  
Online fundraising

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	5			2	0	1	7		

FEC Identification Number

C

**Transaction ID : SB21B.5397.1**

Amount of Each Disbursement this Period

59.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. Southwest Airlines**

Mailing Address 2702 Love Field Dr

City  
DallasState  
TXZip Code  
75235Purpose of Disbursement  
Airfare

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	5			2	0	1	7		

FEC Identification Number

C

**Transaction ID : SB21B.5397.2**

Amount of Each Disbursement this Period

222.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. JetBlue**

Mailing Address 118-29 Queens Blvd.

City  
Forest HillsState  
NYZip Code  
11375Purpose of Disbursement  
Airfare

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	5			2	0	1	7		

FEC Identification Number

C

**Transaction ID : SB21B.5397.**

Amount of Each Disbursement this Period

283.83

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 13 OF 17

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**IMMIGRATION REFORM FUND**

Full Name (Last, First, Middle Initial)

**A. PNC Business Card**

Mailing Address PO Box 856177

City  
LouisvilleState  
KYZip Code  
40285Purpose of Disbursement  
Credit card (see below if itemized)

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			1	6			2	0	1	7		

FEC Identification Number

**C****Transaction ID : SB21B.5398**

Amount of Each Disbursement this Period

5072.72

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. NationBuilder**

Mailing Address 448 S. Hill Street, #200

City  
Los AngelesState  
CAZip Code  
90013Purpose of Disbursement  
Online fundraising

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			1	6			2	0	1	7		

FEC Identification Number

**C****Transaction ID : SB21B.5398.c**

Amount of Each Disbursement this Period

59.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. PNC Business Card**

Mailing Address PO Box 856177

City  
LouisvilleState  
KYZip Code  
40285Purpose of Disbursement  
Credit card (see below if itemized)

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			1	9			2	0	1	7		

FEC Identification Number

**C****Transaction ID : SB21B.5399**

Amount of Each Disbursement this Period

16999.56

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

22072.28

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 14 OF 17

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**IMMIGRATION REFORM FUND**

Full Name (Last, First, Middle Initial)

**A. NationBuilder**

Mailing Address 448 S. Hill Street, #200

City  
Los AngelesState  
CAZip Code  
90013Purpose of Disbursement  
Online fundraising

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			1	9			2	0	1	7		

FEC Identification Number

C

Transaction ID : SB21B.5399.1

Amount of Each Disbursement this Period

59.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. Sam's Club**

Mailing Address 900 S Barrington Rd

City  
StreamwoodState  
ILZip Code  
60107Purpose of Disbursement  
Supplies for hurricane victims

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	4			2	0	1	7		

FEC Identification Number

C

Transaction ID : SB21B.5399.2

Amount of Each Disbursement this Period

16934.04

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. PNC Business Card**

Mailing Address PO Box 856177

City  
LouisvilleState  
KYZip Code  
40285Purpose of Disbursement  
Credit card (see below if itemized)

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1			1	5			2	0	1	7		

FEC Identification Number

C

Transaction ID : SB21B.5400

Amount of Each Disbursement this Period

39.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

39.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**IMMIGRATION REFORM FUND**

Full Name (Last, First, Middle Initial)

**A. PNC Business Card**

Mailing Address PO Box 856177

City  
LouisvilleState  
KYZip Code  
40285Purpose of Disbursement  
Fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			15			2017			

FEC Identification Number

**C****Transaction ID : SB21B.5400.1**

Amount of Each Disbursement this Period

39.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. PNC Business Card**

Mailing Address PO Box 856177

City  
LouisvilleState  
KYZip Code  
40285Purpose of Disbursement  
Credit card (see below if itemized)

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			15			2017			

FEC Identification Number

**C****Transaction ID : SB21B.5402**

Amount of Each Disbursement this Period

17957.66

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Sam's Club**

Mailing Address PR-2 Km 2.2 Kennedy Ave

City  
San JuanState  
PRZip Code  
00936Purpose of Disbursement  
Supplies for hurricane victims

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			19			2017			

FEC Identification Number

**C****Transaction ID : SB21B.5402.**

Amount of Each Disbursement this Period

17577.32

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

17957.66

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 16 OF 17

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**IMMIGRATION REFORM FUND**

Full Name (Last, First, Middle Initial)

**A. Sam's Club**

Mailing Address PR-2 Km 2.2 Kennedy Ave

City  
San JuanState  
PRZip Code  
00936Purpose of Disbursement  
Supplies for hurricane victims

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			20			2017					

FEC Identification Number

**C****Transaction ID : SB21B.5402.1**

Amount of Each Disbursement this Period

56.54

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. NationBuilder**

Mailing Address 448 S. Hill Street, #200

City  
Los AngelesState  
CAZip Code  
90013Purpose of Disbursement  
Online fundraising

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
12			15			2017					

FEC Identification Number

**C****Transaction ID : SB21B.5402.3**

Amount of Each Disbursement this Period

59.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. Charlie Palmer Steak**

Mailing Address 101 Constitution Ave NW

City  
WashingtonState  
DCZip Code  
20001Purpose of Disbursement  
Meal

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
12			15			2017					

FEC Identification Number

**C****Transaction ID : SB21B.5402.**

Amount of Each Disbursement this Period

255.60

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

0.00

**TOTAL** This Period (last page this line number only).....▶

43145.84



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 17 OF 17

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**IMMIGRATION REFORM FUND**

Full Name (Last, First, Middle Initial)

**A. CHUY GARCIA FOR CONGRESS**Mailing Address 3520 S ARCHER AVE  
UNIT 1CCity  
CHICAGOState  
ILZip Code  
60609Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**GARCIA, JESUS, , ,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2018

☒ Primary ☐ General  
☐ Other (specify) ▼

State: IL

District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	01	/	2017

FEC Identification Number

**C** C00661777**Transaction ID : SB23.5387**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. MENENDEZ FOR SENATE**

Mailing Address PO BOX 32248

City  
NEWARKState  
NJZip Code  
07102Purpose of Disbursement  
Contribution (see 10/16/17 PNC Bus. card payment)Category/  
Type

Candidate Name

**MENENDEZ, ROBERT, , ,**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2018

☒ Primary ☐ General  
☐ Other (specify) ▼

State: NJ

District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	08	/	2017

FEC Identification Number

**C** C00264564**Transaction ID : SB23.5426**

Amount of Each Disbursement this Period

2400.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. MENENDEZ FOR SENATE**

Mailing Address PO BOX 32248

City  
NEWARKState  
NJZip Code  
07102Purpose of Disbursement  
Contribution (see 10/16/17 PNC Bus. card payment)Category/  
Type

Candidate Name

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

State: NJ

District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	08	/	2017

FEC Identification Number

**C** C00264564**Transaction ID : SB23.5428**

Amount of Each Disbursement this Period

2600.00

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

5000.00

**TOTAL** This Period (last page this line number only).....▶

5000.00